



THE STATE OF TENNESSEE

Department of Intellectual and Developmental Disabilities



DATA MANAGEMENT REPORT

July 30, 2013

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QUALITY MANAGEMENT DATA REPORT

July 30, 2013

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking.

The waiver census represents the number of active cost plans on the last day of the reporting month.

DIDD Demographics Main Waiver (CS)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
5 East	2365	2373	2372	2372	2369	2372	2375	2376	2383	2386	2383	2386
6 Middle	2390	2389	2389	2392	2394	2388	2390	2394	2392	2392	2384	2378
7 West	1465	1468	1469	1471	1472	1469	1475	1484	1485	1496	1501	1500
8 Statewide	6220	6230	6230	6235	6235	6229	6240	6254	6260	6274	6268	6264
CALENDAR YEAR FORMULAS	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
9 Approved Slots per calendar year	6390	6390	6390	6390	6390	6390	6390	6390	6390	6390	6390	6390
10 Assigned unduplicated slots (Jan-current mo.) MOE 6062	6310	6333	6358	6376	6395	6406	6257	6282	6310	6328	6347	6362
11 # of slots remaining for calendar year	80	57	32	14	-5	-16	133	108	80	62	43	28

The waiver census represents the number of active cost plans on the last day of the reporting month.

DIDD Demographics Arlington Waiver (CS Tracking)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
12 East	5	5	5	4	4	4	3	3	3	3	3	3
13 Middle	1	1	1	1	1	1	1	1	1	1	1	1
14 West	314	315	312	312	312	312	309	309	306	306	305	305
15 Statewide	320	321	318	317	317	313	313	310	310	309	309	309
CALENDAR YEAR FORMULAS	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
16 Approved Slots per calendar year	344	344	344	344	344	344	344	344	344	344	344	344
17 Assigned unduplicated slots (Jan-current mo.) MOE 289	329	330	329	330	330	331	316	316	316	316	316	316
18 # of slots remaining for calendar year	15	14	15	14	14	13	28	28	28	28	28	28

The waiver census represents the number of active cost plans on the last day of the reporting month.

DIDD Demographics SD Waiver (CS)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
19 East	398	400	406	397	393	391	393	394	390	391	389	388
20 Middle	435	436	434	422	432	431	428	429	424	423	423	423
21 West	306	305	305	305	309	308	311	311	304	304	306	307
22 Statewide	1139	1141	1145	1124	1134	1130	1132	1134	1118	1118	1118	1118
CALENDAR YEAR FORMULAS	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
23 Approved Slots per calendar year	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
24 Assigned unduplicated slots (Jan-current mo.) MOE 1116	1193	1200	1206	1210	1212	1217	1139	1146	1148	1151	1157	1166
25 # of slots remaining for calendar year	609	602	596	592	590	585	663	656	654	651	645	636

The Census for "Full State Funded Services" means the person is not Medicaid eligible, does not receive services in any other DIDD program and only receives state funded services funded.

DIDD Demographics Full State Funded (CS Tracking)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
26 East	4	4	4	4	4	4	4	4	5	5	4	5
27 Middle	2	2	2	2	2	2	2	2	2	2	2	2
28 West	2	1	2	2	2	2	2	2	1	0	1	1
29 Statewide	8	7	8	8	8	8	8	8	8	7	7	8

The Census in the table below represents members of a protected class who are in a private ICF/ID facility and receive DIDD state funded ISC services.

DIDD Demographics In Private ICF/ID receiving State Funded ISC Srvs	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
30 East	71	73	69	69	72	71	69	68	65	65	65	65
31 Middle	30	30	30	30	30	30	30	29	29	29	29	29
32 West	27	26	25	28	27	26	25	23	26	26	24	27
34 Statewide	128	129	124	127	129	127	124	120	120	120	118	121

Developmental Center Census	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
35 GVDC	141	140	140	138	136	136	135	134	134	132	130	130
36 CBDC	43	43	43	43	43	43	43	42	42	42	42	42
37 HJC	6	6	5	4	5	5	5	4	5	6	6	6
38 Total	190	189	188	185	184	184	183	180	181	180	178	178

DIDD Community ICF/ID Census	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
39 East	52	52	51	50	51	50	51	51	50	51	51	51
40 Middle	0	0	0	0	0	0	0	0	0	0	0	0
41 West	45	46	47	46	48	48	48	48	47	47	47	44
42 TOTAL	97	98	98	96	99	98	99	99	97	98	98	95

DIDD SERVICE CENSUS	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
43 Total receiving DIDD Services	8102	8115	8111	8092	8106	8093	8099	8108	8094	8107	8096	8093

Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
1 Arlington Waiver (At Risk)	0	0	0	0	0	0	0	0	0	0	0	0	0
2 SD Waiver	3	7	6	4	2	5	4	5	2	3	7	9	57
3 Statewide Waiver	22	16	18	14	16	9	21	27	26	21	16	15	221
4 Total Waiver Enrollments	25	23	24	18	18	14	25	32	28	24	23	24	278

SD Waiver Enrollments	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
5 East	3	4	2	3	0	3	1	2	2	2	2	4	28
6 Middle	0	1	3	0	0	1	2	1	0	1	1	1	11
7 West	0	0	0	0	2	0	1	1	0	0	4	4	12
8 At Risk Enrollments into SD (West)	0	2	1	1	0	1	0	1	0	0	0	0	6
9 Grand Total SD Waiver	3	7	6	4	2	5	4	5	2	3	7	9	57

Statewide Waiver Enrollments	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
10 Crisis	2	7	3	4	3	1	1	5	4	1	2	3	36
11 Middle	3	2	2	2	1	0	3	2	3	2	0	1	21
12 West	5	2	2	3	1	1	5	3	4	5	2	2	35
13 Total	10	11	7	9	5	2	9	10	11	8	4	6	92

Transfers from SD to Statewide	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
14 East	2	0	1	1	2	2	2	0	3	3	0	3	19
15 Middle	2	1	2	1	1	0	2	1	1	1	0	1	13
16 West	1	0	1	0	2	0	1	2	0	4	1	1	13
17 Total	5	1	4	2	5	2	5	3	4	8	1	5	45

DCS Enrollments	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
18 East	0	1	3	0	2	2	3	1	1	0	2	0	15
19 Middle	1	0	0	0	2	1	1	1	2	1	0	0	9
20 West	2	2	3	1	1	0	1	6	0	1	1	0	18
21 Total	3	3	6	1	5	3	5	8	3	2	3	0	42

PASRR Referral Only	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
22 East							0	0	1	0	0	0	1
23 Middle							0	1	0	0	1	1	3
24 West							0	0	0	0	0	0	0
25 Total							0	1	1	0	1	1	4

Nursing Home with PASRR referral	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
26 East							0	0	1	0	0	0	1
27 Middle							0	0	0	0	0	0	0
28 West							0	0	0	0	0	0	0
29 Total							0	0	1	0	0	0	1

Nursing Home (non PASRR)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
30 East							0	0	0	0	0	0	0
31 Middle							0	1	0	0	0	0	1
32 West							1	1	0	1	1	0	4
33 Total							1	2	0	1	1	0	5

DC Transitions into Statewide	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
34 GVDC	1	0	0	1	0	0	0	0	0	0	0	1	3
35 CBDC	0	0	0	0	0	0	0	0	0	0	0	0	0
36 HJC	0	0	0	1	0	0	0	1	0	0	0	0	2
37 Total	1	0	0	2	0	0	0	1	0	0	0	1	5

MH Enrollments	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
38 East							0	0	3	0	0	2	5
39 Middle							0	0	1	1	1	0	3
40 West							0	1	0	0	1	0	2
41 Total	0	0	0	0	0	0	0	1	4	1	2	2	10

ICF Transfer Enrollments	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
42 East							0	0	0	0	0	0	0
43 Middle							0	0	0	0	0	0	0
44 West							1	1	2	1	4	0	9
45 Total	0	0	0	0	0	0	1	1	2	1	4	0	9

Total by Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
46 East	5	8	7	6	7	5	6	6	13	4	4	9	80
47 Middle	6	3	4	4	5	1	6	7	7	5	2	3	53
48 West	11	5	7	4	4	3	9	14	6	12	10	3	88
49 Grand Total Statewide Waiver	22	16	18	14	16	9	21	27	26	21	16	15	221

B Waiver Disenrollments													
Arlington Waiver													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
1 Death	1	0	1	0	0	1	2	1	2	0	1	0	9
2 Voluntary Request by person/family	0	0	0	1	0	0	0	0	0	0	0	0	1
3 Services no longer appropriate	0	0	0	0	0	0	0	0	0	0	0	0	0
4 Moved	0	0	0	0	0	0	0	0	0	0	0	0	0
5 Involuntary	0	0	0	1	0	0	0	0	1	0	0	0	2
6 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
7 Transitioned to an ICF/IID	0	0	0	0	0	0	0	0	0	0	0	0	0
8 Total Disenrolled	1	0	1	2	0	1	2	1	3	0	1	0	12
SD Waiver													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
9 Death	2	1	1	2	2	3	0	0	3	1	1	1	17
10 Voluntary Request by person/family	1	1	2	2	0	0	1	1	2	2	1	0	13
11 Services no longer appropriate	0	0	0	0	0	0	0	0	0	0	0	0	0
12 Moved	0	0	0	0	0	0	0	0	0	0	0	1	1
13 Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0
14 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Transitioned to an ICF/IID	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Total Disenrolled	3	2	3	4	2	3	1	1	5	3	2	2	31
Statewide													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	FYTD
17 Death	10	11	17	16	12	12	7	12	15	9	11	16	148
18 Voluntary Request by person/family	4	1	0	1	2	1	2	0	5	1	3	1	21
19 Services no longer appropriate	1	0	0	0	0	0	0	0	0	0	0	0	1
20 Moved	0	1	0	0	1	0	0	0	0	0	0	0	2
21 Involuntary	0	2	1	0	0	0	1	1	2	0	2	0	9
22 Transition to another waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
23 Transitioned to an ICF/IID	0	0	1	0	0	0	0	1	0	0	0	0	2
24 Total Disenrolled	15	15	19	17	15	13	10	14	22	10	16	17	183
25 Total Waiver Disenrollments:	19	17	23	23	17	17	13	16	30	13	19	19	226

Analysis:

For June 2013, there were a total of 24 waiver enrollments. Nine people enrolled into the SD waiver and 15 people enrolled into the Statewide waiver. East had four enrollments into the SD waiver and Middle had one and West had four. For the Statewide waiver, East enrolled nine people, Middle enrolled three people and West enrolled three people. HJC reported census is at 6.

There were 19 waiver disenrollments. Two people disenrolled from the SD waiver and 17 people were disenrolled from the Statewide waiver.

B Developmental Center-to-Community Transitions Report			Census reflects the number of people in the facility on the last day of the month.												
Greene Valley			Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
1	Census	[June 2012 143]	141	140	140	138	136	136	135	134	134	132	130	130	FYTD
2	Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges															
3	Death		0	0	0	1	1	0	0	0	0	1	1	0	4
4	Transition to another dev center		0	0	0	0	0	0	0	0	0	0	0	0	0
5	Transition to community state ICF		0	0	0	0	1	0	1	0	0	1	1	0	4
6	Transition to private ICF		1	1	0	0	0	0	0	1	0	0	0	0	3
7	Transition to waiver program		1	0	0	1	0	0	0	0	0	0	0	0	2
8	Transition to non DIDD srvs*		0	0	0	0	0	0	0	0	0	0	0	0	0
9	Total Discharges		2	1	0	2	2	0	1	1	0	2	2	0	13
Clover Bottom			Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
10	Census 43		43	43	43	43	43	43	43	42	42	42	42	42	FYTD
11	Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges															
12	Death		0	0	0	0	0	0	0	1	0	0	0	0	1
13	Transition to another dev center		0	0	0	0	0	0	0	0	0	0	0	0	0
14	Transition to community state ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
15	Transition to private ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
16	Transition to waiver program		0	0	0	0	0	0	0	0	0	0	0	0	0
17	Transition to non DIDD srvs*		0	0	0	0	0	0	0	0	0	0	0	0	0
18	Total Discharges		0	0	0	0	0	0	0	1	0	0	0	0	1
Harold Jordan Center			Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
19	Census [June 2012 7]		6	6	5	5	5	5	5	4	4	6	6	6	FYTD
20	Admissions		0	0	0	1	0	0	0	0	0	2	0	0	3
Discharges															
21	Death		0	0	0	0	0	0	0	0	0	0	0	0	0
22	Transition to another dev center		0	0	0	0	0	0	0	0	0	0	0	0	0
23	Transition to community state ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
24	Transition to private ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
25	Transition to waiver program		0	0	0	1	0	0	0	1	0	0	0	0	2
26	Transition to non DIDD srvs*		1	0	1	0	0	0	0	0	0	0	0	0	2
27	Total Discharges		1	0	1	1	0	0	0	1	0	0	0	0	4
East Public ICF Homes			Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
28	Census 52		52	52	51	50	51	50	51	51	50	51	51	51	FYTD
29	Admissions		0	0	0	0	1	0	1	1	0	1	0	0	4
Discharges															
30	Death		0	0	1	1	0	1	0	0	1	0	0	0	4
31	Transition to another dev center		0	0	0	0	0	0	0	0	0	0	0	0	0
32	Transition to community state ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
33	Transition to private ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
34	Transition to Arl waiver program		0	0	0	0	0	0	0	0	0	0	0	0	0
35	Transition to non DIDD srvs*		0	0	0	0	0	0	0	0	0	0	0	0	0
36	Total Discharges		0	0	1	1	0	1	0	0	1	0	0	0	4
Middle Public ICF Homes			Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
37	Census		0	0	0	0	0	0	0	0	0	0	0	0	FYTD
38	Admissions		0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges															
39	Death		0	0	0	0	0	0	0	0	0	0	0	0	0
40	Transition to another dev center		0	0	0	0	0	0	0	0	0	0	0	0	0
41	Transition to public state ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
42	Transition to private ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
43	Transition to waiver program		0	0	0	0	0	0	0	0	0	0	0	0	0
44	Transition to non DIDD srvs*		0	0	0	0	0	0	0	0	0	0	0	0	0
45	Total Discharges		0	0	0	0	0	0	0	0	0	0	0	0	0
West Public ICF Homes			Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
46	Census 45		45	46	47	46	48	48	48	48	47	47	47	44	FYTD
47	Admissions		0	1	1	0	2	0	0	0	0	0	0	0	4
Discharges															
48	Death		0	0	0	1	0	0	0	0	1	0	0	3	5
49	Transition to another dev center		0	0	0	0	0	0	0	0	0	0	0	0	0
50	Transition to public state ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
51	Transition to private ICF		0	0	0	0	0	0	0	0	0	0	0	0	0
52	Transition to waiver program		0	0	0	0	0	0	0	0	0	0	0	0	0
53	Transition to non DIDD srvs*		0	0	0	0	0	0	0	0	0	0	0	0	0
54	Total Discharges		0	0	0	1	0	0	0	0	1	0	0	0	2

Analysis:

See above

C Waiting List Demographics

Data Source:

The Central Office Compliance Unit and/or designee maintains the wait list data below. The wait list is a web based data system in which Regional Intake Units update as needed. The reported data is compiled on a monthly basis.

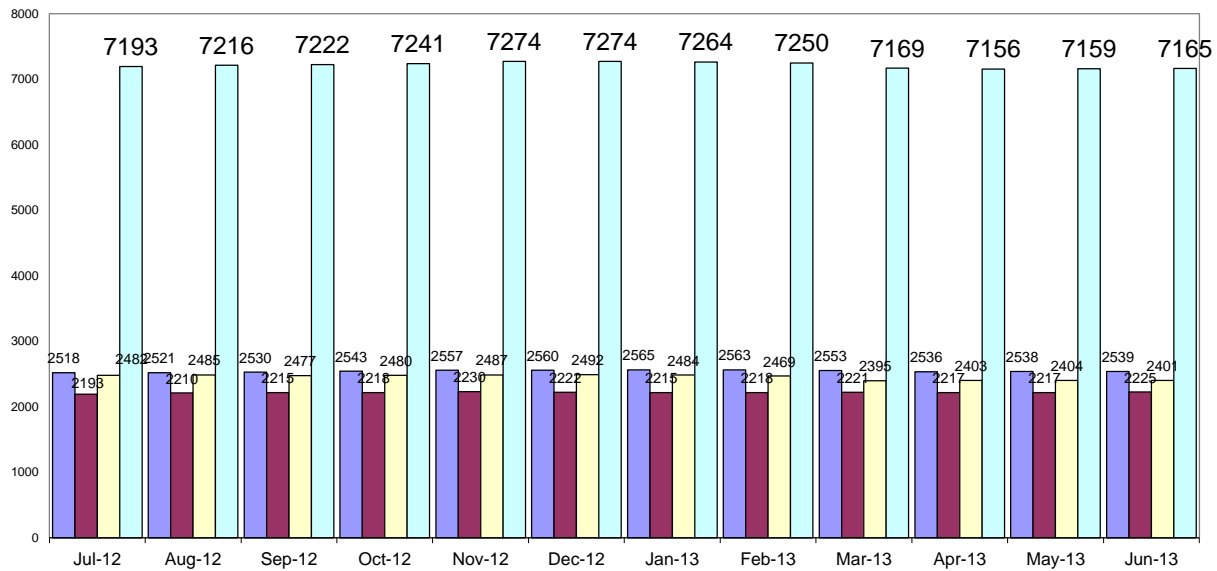
East		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	# of Crisis cases	28	26	29	29	30	30	32	12	8	11	29	27
2	# of Urgent cases	397	398	394	396	397	397	399	408	413	410	408	410
3	# of Active cases	1,525	1,525	1,535	1,542	1,551	1,555	1,554	1,560	1,548	1,535	1,522	1,525
4	# of Deferred cases	568	572	572	576	579	578	580	583	584	580	579	577
5	Wait List Total	2,518	2,521	2,530	2,543	2,557	2,560	2,565	2,563	2,553	2,536	2,538	2,539
Middle		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
6	# of Crisis cases	27	27	32	33	35	33	32	31	37	35	36	37
7	# of Urgent cases	277	277	275	277	278	278	277	282	284	282	283	285
8	# of Active cases	1,526	1,534	1,533	1,535	1,536	1,527	1,520	1,518	1,518	1,520	1,518	1,522
9	# of Deferred cases	363	372	375	373	381	384	386	387	382	380	380	381
10	Wait List Total	2,193	2,210	2,215	2,218	2,230	2,222	2,215	2,218	2,221	2,217	2,217	2,225
West		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
11	# of Crisis cases	28	29	21	20	22	31	30	22	24	29	24	24
12	# of Urgent cases	119	118	118	119	120	121	117	118	121	119	120	122
13	# of Active cases	1,772	1,777	1,776	1,781	1,785	1,784	1,788	1,785	1,782	1,786	1,787	1,783
14	# of Deferred cases	563	561	562	560	560	556	549	544	468	469	473	472
15	Wait List Total	2,482	2,485	2,477	2,480	2,487	2,492	2,484	2,469	2,395	2,403	2,404	2,401
Statewide		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
16	# of Crisis cases	83	82	82	82	87	94	94	65	69	75	89	88
17	# of Urgent cases	793	793	787	792	795	796	793	808	818	811	811	817
18	# of Active cases	4,823	4,836	4,844	4,858	4,872	4,866	4,862	4,863	4,848	4,841	4,827	4,830
19	# of Deferred cases	1,494	1,505	1,509	1,509	1,520	1,518	1,515	1,514	1,434	1,429	1,432	1,430
20	Wait List Total	7,193	7,216	7,222	7,241	7,274	7,274	7,264	7,250	7,169	7,156	7,159	7,165
21	Net Effect from Last Month	14	14	6	19	33	0	-10	-14	-81	-13	3	6
26	Total # Added to the Wait List	39	49	39	44	48	27	29	28	52	36	42	34

Removals		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
27	For enrollment into SD Waiver	4	7	7	3	2	6	1	5	2	4	6	8
28	For enrollment into Statewide Waiver	16	13	13	14	9	14	18	21	17	16	19	13
29	For enrollment into Arlington Waiver	0	0	0	0	0	0	0	0	0	0	0	0
30	Receiving Other Funded Services	0	0	0	0	0	2	0	1	26	0	2	2
31	Voluntarily	0	0	1	0	0	0	2	3	72	8	3	2
32	Due to Death	1	4	5	2	1	2	8	3	10	8	2	0
33	Not Eligible for Services	0	0	0	0	0	2	0	1	0	2	0	0
34	Moved Out of Region	1	0	2	2	1	0	1	1	1	1	1	0
35	Moved Out of State	2	2	4	3	2	1	7	4	4	6	1	1
36	Duplicate Name	0	0	0	0	0	0	0	2	1	3	1	2
37	Other Reasons	1	0	1	1	0	0	1	1	0	1	4	1
38	Total Number Removed	25	26	33	25	15	27	38	42	133	49	39	29

Wait List by Region		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
39	East	2,518	2,521	2,530	2,543	2,557	2,560	2,565	2,563	2,553	2,536	2,538	2,539
40	Middle	2,193	2,210	2,215	2,218	2,230	2,222	2,215	2,218	2,221	2,217	2,217	2,225
41	West	2,482	2,485	2,477	2,480	2,487	2,492	2,484	2,469	2,395	2,403	2,404	2,401
42	Statewide	7,193	7,216	7,222	7,241	7,274	7,274	7,264	7,250	7,169	7,156	7,159	7,165

FY 2011-2012 DIDD Wait List

East Middle West Statewide



C Waiting List Populations

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
7 Total	7193	7216	7222	7241	7274	7274	7264	7250	7169	7156	7159	7165

Analysis:

The DIDD Wait List for June 2013 had a net increase of 6 people resulting in a final total of 7165. For the fiscal year, there was a net

D Protection From Harm/ Complaint Resolution

Data Source:

Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

Complaints by Source- Self Determination Waiver	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1 Total # of Complaints	8	1	0	0	3	2	0	1	3	0	0	0
2 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
3 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4 # from a Concerned Citizen	0	0	0	0	2	0	0	0	0	0	0	0
5 % from a Concerned Citizen	N/A	N/A	N/A	N/A	67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6 # from the Waiver Participant	1	0	0	0	0	0	0	0	1	0	0	0
7 % from the Waiver Participant	13%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A
8 # from a Family Member	0	0	0	0	0	1	0	0	1	0	0	0
9 % from a Family Member	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	33%	N/A	N/A	N/A
10 # from Conservator	5	0	0	0	0	0	0	0	1	0	0	0
11 % from Conservator	63%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A
13 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
14 % from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15 # from PTP Interview	2	1	0	0	1	1	0	1	0	0	0	0
16 % from PTP Interview	25%	100%	N/A	N/A	33%	50%	N/A	100%	N/A	N/A	N/A	N/A

Complaints by Source - Statewide Waiver	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
20 Total # of Complaints	18	51	15	29	25	13	12	16	15	24	11	12
21 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
21 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
22 # from a Concerned Citizen	2	2	2	3	3	2	3	1	2	1	2	1
23 % from a Concerned Citizen	11%	4%	13%	10%	12%	15%	25%	6%	13%	4%	18%	8%
24 # from the Waiver Participant	0	1	1	4	0	1	0	0	2	4	1	0
25 % from the Waiver Participant	N/A	2%	7%	14%	N/A	8%	N/A	N/A	13%	17%	9%	N/A
26 # from a Family Member	3	15	3	5	3	1	0	1	4	8	2	3
27 % from a Family Member	17%	29%	20%	17%	12%	8%	N/A	6%	26.7%	33.3%	18%	25%
28 # from Conservator	3	21	9	6	9	6	2	4	4	4	4	3
29 % from Conservator	17%	41%	60%	21%	36%	46%	16.7%	25%	26.7%	16.7%	36%	25%
31 # Advocate (Paid)	0	0	0	0	0	0	0	0	2	0	0	0
32 % from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13%	0%	0%	N/A
33 # from PTP Interview	10	12	0	11	10	3	7	10	1	7	2	5
34 % from PTP Interview	56%	24%	N/A	38%	40%	23%	58%	63%	7%	29%	18%	41.7%

Complaints by Source - Arlington Waiver	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
38 Total # of Complaints	0	1	3	1	1	0	4	2	1	2	0	2
39 # from TennCare	0	0	0	0	0	0	0	0	0	0	0	0
40 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
41 # from a Concerned Citizen	0	0	0	0	0	0	0	0	1	0	0	0
42 % from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
43 # from the Waiver Participant	0	0	0	0	0	0	0	2	0	2	0	1
44 % from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	50%
45 # from a Family Member	0	0	0	0	0	0	0	0	0	0	0	0
46 % from a Family Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
47 # from Conservator	0	1	3	1	1	0	4	0	0	0	0	1
48 % from Conservator	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	50%
50 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
51 % from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
52 # from PTP Interview	0	0	0	0	0	0	0	0	0	0	0	0
53 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Complaints by Issue- Self Determination Waiver	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
54 Total Number of Complaints	8	1	0	0	3	2	0	1	3	0	0	0
55 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
56 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
57 # Day Service Issues	1	0	0	0	1	0	0	0	0	0	0	0
58 % Day Service Issues	13%	N/A	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59 # Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
60 % Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
61 # Financial Issues	0	0	0	0	0	0	0	0	0	0	0	0
62 % Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
63 # Health Issues	0	0	0	0	0	0	0	0	0	0	0	0
64 % Health Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65 # Human Rights Issues	2	0	0	0	1	1	0	1	0	0	0	0
66 % Human Rights Issues	25%	N/A	N/A	N/A	33%	50%	N/A	100%	N/A	N/A	N/A	N/A
67 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
68 % ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
69 # ISP Issues	0	0	0	0	0	0	0	0	1	0	0	0
70 % ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A
71 # Staffing Issues	3	1	0	0	1	1	0	0	2	0	0	0
72 % Staffing Issues	38%	100%	N/A	N/A	33%	50%	N/A	N/A	67%	N/A	N/A	N/A
73 # Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
74 % Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
75 # Transportation Issues	1	0	0	0	0	0	0	0	0	0	0	0
76 % Transportation Issues	13%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
77 # Case Management Issues	1	0	0	0	0	0	0	0	0	0	0	0
78 % Case Management Issues	13%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
79 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
80 % Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Complaints by Issue - Statewide Waiver	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
81 Total Number of Complaints	18	51	15	29	25	13	12	16	15	24	11	12
82 # Behavior Issues	0	2	0	0	0	0	0	0	0	0	0	0
83 % Behavior Issues	N/A	4%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
84 # Day Service Issues	0	0	0	0	1	0	0	1	0	2	1	0
85 % Day Service Issues	N/A	N/A	N/A	N/A	4%	N/A	N/A	6.25%	N/A	N/A	9%	0%
86 # Environmental Issues	0	3	1	2	0	0	0	0	0	0	0	0
87 % Environmental Issues	N/A	6%	7%	7%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88 # Financial Issues	2	3	4	1	2	1	0	0	0	2	0	1
89 % Financial Issues	11%	6%	27%	3%	8%	8%	N/A	N/A	N/A	8.3%	0%	8%
90 # Health Issues	1	4	1	0	0	1	0	0	0	1	0	0
91 % Health Issues	6%	8%	7%	N/A	N/A	8%	N/A	N/A	N/A	4.2%	N/A	N/A
92 # Human Rights Issues	3	8	3	12	7	2	2	5	4	2	3	1
93 % Human Rights Issues	17%	16%	20%	41%	28%	15%	17%	31.25%	26.7%	8%	27%	8%
94 # ISC Issues	0	2	0	0	1	0	1	1	0	0	0	1
95 % ISC Issues	N/A	4%	N/A	N/A	4%	N/A	8%	6.25%	N/A	N/A	N/A	8%
96 # ISP Issues	3	3	0	0	0	0	2	3	0	5	1	1
97 % ISP Issues	17%	6%	N/A	N/A	N/A	N/A	17%	18.75%	N/A	21%	9.1%	8%
98 # Staffing Issues	9	24	6	12	14	9	7	5	11	11	6	8
99 % Staffing Issues	50%	47%	40%	41%	56%	69%	58%	31.25%	73.3%	45.8%	54.5%	67%
100 # Therapy Issues	0	1	0	1	0	0	0	1	0	0	0	0
101 % Therapy Issues	N/A	2%	N/A	3%	N/A	N/A	N/A	6.25%	N/A	N/A	N/A	N/A
102 # Transportation Issues	0	1	0	1	0	0	0	0	0	1	0	0
103 % Transportation Issues	N/A	2%	N/A	3%	N/A	N/A	N/A	N/A	N/A	4%	0%	N/A
104 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
105 % Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
106 # Other Issues	0	0	0	0	0	0	0	0	0	0	0	0
107 % Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Complaints by Issue - Arlington Waiver	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
108 Total Number of Complaints	0	1	3	1	1	0	4	2	1	2	0	2
109 # Behavior Issues	0	0	0	0	0	0	0	0	0	0	0	0
110 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
111 # Day Service Issues	0	0	0	0	0	0	0	1	0	0	0	0
112 % Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	N/A	N/A	N/A
113 # Environmental Issues	0	0	0	0	0	0	0	0	0	0	0	0
114 % Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
115 # Financial Issues	0	0	1	0	0	0	1	0	1	1	0	0
116 % Financial Issues	N/A	N/A	33%	N/A	N/A	N/A	25%	N/A	100%	50%	N/A	N/A
117 # Health Issues	0	0	0	0	1	0	1	0	0	0	0	0
118 % Health Issues	N/A	N/A	N/A	N/A	100.0%	N/A	25%	N/A	N/A	N/A	N/A	N/A
119 # Human Rights Issues	0	1	1	0	0	0	0	0	0	1	0	1
120 % Human Rights Issues	N/A	100%	33%	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	50%
121 # ISC Issues	0	0	0	0	0	0	0	0	0	0	0	0
122 % ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
123 # ISP Issues	0	0	0	0	0	0	0	0	0	0	0	0
124 % ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
125 # Staffing Issues	0	0	1	1	0	0	2	1	0	0	0	1
126 % Staffing Issues	N/A	N/A	33%	100%	N/A	N/A	50%	50%	0%	N/A	N/A	50%
127 # Therapy Issues	0	0	0	0	0	0	0	0	0	0	0	0
128 % Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
129 # Transportation Issues	0	0	0	0	0	0	0	0	0	0	0	0
130 % Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
131 # Case Management Issues	0	0	0	0	0	0	0	0	0	0	0	0
132 % Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

133	# Other Issues	0	0	0	0	0	0	0	0	0	0	0
134	% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR June 2013

There were 14 complaint issues statewide. This is a decrease from previous months. 12 of these complaints were in the Statewide waiver: 8 East, 2 West, and 2 Middle. There were 2 complaints from the Arlington Waiver. There were zero SD Waiver complaints. These issues were resolved without intervention meetings. There were 133 complaint issues between families, people we support and providers which required intervention meetings. The number of complaints coming directly from persons supported continues to rise and it could be attributed to all of DIDD's efforts to teach self-advocacy. The interventions continue to be about financial problems, freedom of choice, freedom of movement, ISP decision making, recruitment, transitions, transportation, time alone, Human Rights, nursing, therapy and day service issues. The interventions are necessary due to remove barriers to a person receiving the services they are entitled to and to improve COS effective communication. There was an increase in parental concerns that family members are omitted from important decisions in the person's life. There was a slight increase in complaints regarding lack of appropriate training for provider staff. The most common complaint issues involved Conservators making complaints about staffing-communication, and ineffective supervision. Many of the intervention meetings this month arose over ISP issues/complaints or transition issues. The transition issues arose mainly concerning COS members not being in favor of the proposed transitions. . Complaints about transitions also could involve recruitment concerns. All complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing issues. Conservators and family members consistently complain of ineffective communication between them and COS members or provider staff. CRS OFFERS CONFLICT RESOLUTION TRAINING TO PROVIDERS. Dr. Mailahn has created a new training which is available to all providers. 2 trainings were completed in June, 2013.

FOCUS GROUPS WERE HELD IN KNOXVILLE, GREENEVILLE and Nashville. PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS, especially Nashville where there were 105 participants. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members. The Focus Groups main themes this month were centered on identifying how to deal with problematic emotions and angry outbursts, plus learning the skills necessary to live semi-independently. Gaining employment is a recurring theme of each group.

D Protection From Harm/Incident Management

Data Source:

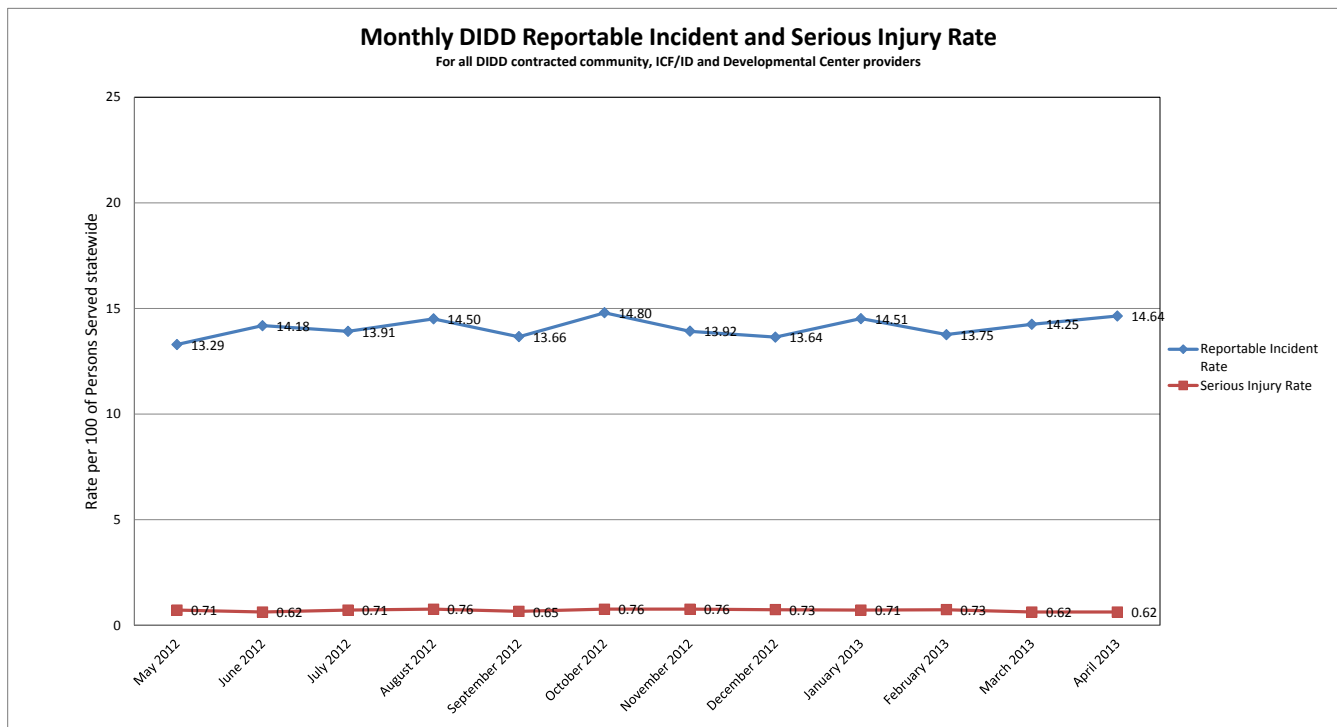
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.

Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.

Incidents / East													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
1 # of Reportable Incidents	517	518	493	505	468	459	535	499	488	480	527		5489
2 Rate of Reportable Incidents per 100 people	16	16	15.2	15.6	14.5	14.2	16.5	15.4	15.1	14.8	16.3		15.4
3 # of Serious Injuries	22	34	25	28	31	22	26	23	17	21	23		272.0
4 Rate of Incidents that were Serious Injuries per 100 people	0.68	1.05	0.77	0.86	0.96	0.68	0.8	0.71	0.53	0.65	0.71		0.8
5 # of Incidents that were Falls	32	36	35	26	27	15	36	26	29	32	27		321.0
6 Rate of Falls per 100 people	0.99	1.11	1.08	0.80	0.84	0.46	1.11	0.8	0.9	0.99	0.84		0.9
7 # of Falls resulting in serious injury	7	13	13	9	10	9	12	8	8	9	7		105.0
8 % of serious injuries due to falls	31.8%	38.2%	52.0%	32.1%	32.3%	40.9%	46.2%	34.8%	47.1%	42.9%	30.4%		39.0%
Incidents / Middle													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
15 # of Reportable Incidents	396	394	352	403	403	379	426	376	409	457	433		4428
16 Rate of Reportable Incidents per 100 people	12.6	12.8	11.4	13.1	13.1	12.3	13.6	12	13.1	14.6	13.9		13.0
17 # of Serious Injuries	21	23	18	20	18	19	28	25	21	21	26		240.0
18 Rate of Incidents that were Serious Injuries per 100 people	0.67	0.75	0.58	0.65	0.58	0.62	0.89	0.8	0.67	0.67	0.83		0.7
19 # of Incidents that were Falls	36	31	29	36	28	23	27	28	27	33	23		321.0
20 Rate of Falls per 100 people	1.15	1.01	0.94	1.17	0.91	0.75	0.86	0.89	0.86	1.06	0.74		0.9
21 # of Falls resulting in serious injury	11	10	8	13	8	5	14	14	9	10	8		110.0
22 % of serious injuries due to falls	52.4%	43.5%	44.4%	65.0%	44.4%	26.3%	50.0%	56.0%	42.9%	47.6%	30.8%		45.8%
Incidents / West													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
29 # of Reportable Incidents	299	354	348	381	343	350	303	323	344	338	362		3745
30 Rate of Reportable Incidents per 100 people	12.8	14.7	14.5	15.9	14.2	14.5	12.9	13.7	14.7	14.3	15.3		14.3
31 # of Serious Injuries	19	9	14	18	17	11	8	16	16	12	15		155.0
33 Rate of Incidents that were Serious Injuries per 100 people	0.81	0.37	0.58	0.75	0.71	0.46	0.34	0.68	0.68	0.51	0.63		0.6
37 # of Incidents that were Falls	14	15	21	19	16	21	17	12	15	12	16		178.0
39 Rate of Falls per 100 people	0.60	0.62	0.87	0.79	0.66	0.87	0.72	0.51	0.64	0.51	0.67		0.7
40 # of Falls resulting in serious injury	5	2	7	8	6	4	4	5	5	6	5		57.0
41 % of serious injuries due to falls	26.3%	22.2%	50.0%	44.4%	35.3%	36.4%	50.0%	31.3%	31.3%	50.0%	33.3%		37.3%

D Protection From Harm/Incident Management

Incidents / Statewide													
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
44 # of Reportable Incidents	1212	1266	1193	1289	1214	1188	1264	1198	1241	1275	1322		13662
45 Rate of Reportable Incidents per 100 people	13.9	14.5	13.7	14.8	13.9	13.6	14.5	13.7	14.3	14.6	15.2		14.2
46 # of Serious Injuries	62	66	57	66	66	52	62	64	54	54	64		667.0
47 Rate of Incidents that were Serious Injuries per 100 people	0.71	0.76	0.65	0.76	0.76	0.6	0.71	0.73	0.62	0.62	0.73		0.7
48 # of Incidents that were Falls	82	82	85	81	71	59	80	66	71	77	66		820.0
49 Rate of Falls per 100 people	0.94	0.94	0.97	0.93	0.81	0.68	0.92	0.76	0.82	0.88	0.76		0.9
50 # of Falls resulting in serious injury	23	25	28	30	24	18	30	27	22	25	20		272.0
51 % of serious injuries due to falls	37.1%	37.9%	49.1%	45.5%	36.4%	34.6%	48.4%	42.2%	40.7%	46.3%	31.3%		40.9%



PFH Analysis: Incident Management

Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide Rate of Reportable Incidents per 100 persons supported for May 2013 changed from 14.6 to 15.2 for a 3.8% increase. The Rate of Serious Injury per 100 persons supported changed from 0.62 to 0.73 for an 18.6% increase. The rate of Falls per 100 persons supported for May 2013 changed from 0.88 to 0.76 for a 14.2% decrease. The number of Serious Injuries due to Falls decreased from 25 to 20 for a 20% decrease. The rate per 100 persons supported declined from 0.88 to 0.76 for a 32.5% rate decrease.

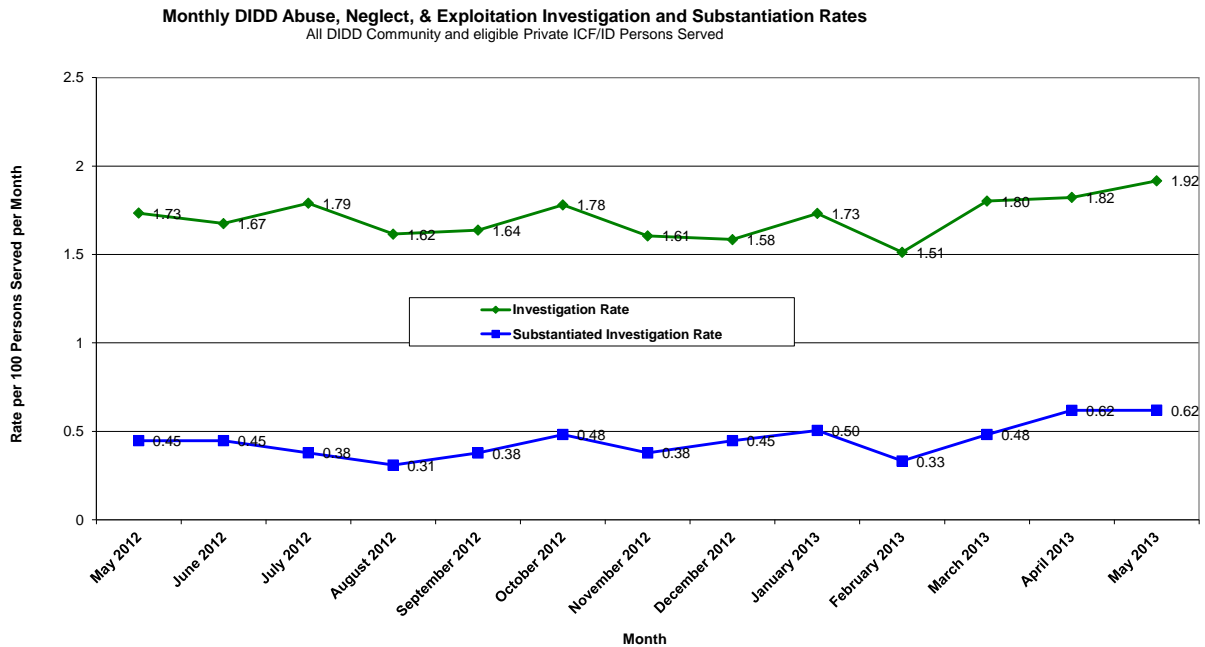
Conclusions and actions taken for the reporting period:

The Reportable Incident Rate per 100 persons served for June 2012 – May 2013 was tested for an increasing trend. The average reportable incident rate for the previous period June 2011 – May 2012 was 12.9. The average reportable incident rate for the current period May 2012 – April 2013 is 14.2 per 100 persons served. Analysis shows a slight increasing trend when comparing the two 12 month periods. Analysis additionally shows a slight increasing trend when comparing the month to month changes of June 2012 – May 2013.

Table 1: Reportable Incident and Serious Injury Rate per 100 Persons Served

Year	Average 12-Month Reportable Incident Rate	Reportable Incident Rate Change from Previous Year	Average 12-Month Serious Injury Rate
2006	10.200	N/A	0.77

D Protection From Harm/Investigations													
	East Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1	Census	3238	3246	3251	3233	3230	3230	3233	3234	3237	3240	3231	
2	# of Investigations	54	33	40	48	38	47	46	29	50	46	46	
3	Rate of Investigations per 100 people	1.67	1.02	1.23	1.48	1.18	1.46	1.42	0.90	1.54	1.42	1.42	
4	# of Substantiated Investigations	9	6	11	14	11	9	15	7	13	10	13	
5	Rate of Substantiated Investigations per 100 people	0.28	0.18	0.34	0.43	0.34	0.28	0.46	0.22	0.40	0.31	0	
6	Percentage of Investigations Substantiated	17%	18%	28%	29%	29%	19%	33%	24%	26%	22%	28%	
	Middle Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
7	Census	3132	3081	3079	3135	3081	3074	3124	3130	3123	3122	3114	
9	# of Investigations	51	51	47	56	46	43	52	39	60	46	54	
10	Rate of Investigations per 100 people	1.63	1.66	1.53	1.79	1.49	1.40	1.66	1.25	1.92	1.47	1.73	
11	# of Substantiated Investigations	18	11	8	12	9	14	17	9	19	21	19	
12	Rate of Substantiated Investigations per 100 people	0.57	0.36	0.26	0.38	0.29	0.46	0.54	0.29	0.61	0.67	1	
13	Percentage of Investigations Substantiated	35%	22%	17%	21%	20%	33%	33%	23%	32%	46%	35%	
	West Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
14	Census	2345	2403	2403	2339	2411	2407	2359	2363	2353	2364	2372	
15	# of Investigations	51	57	56	51	56	48	53	64	47	67	67	
16	Rate of Investigations per 100 people	2.17	2.37	2.33	2.18	2.32	1.99	2.25	2.71	2.00	2.83	2.82	
17	# of Substantiated Investigations	6	10	14	16	13	16	12	13	10	23	22.00	
18	Rate of Substantiated Investigations per 100 people	0.26	0.42	0.58	0.68	0.54	0.66	0.51	0.55	0.42	0.97	0.93	
19	Percentage of Investigations Substantiated	12%	18%	25%	31%	23%	33%	23%	20%	21%	34%	33%	
	Statewide	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
20	Census	8715	8730	8733	8707	8722	8711	8716	8727	8713	8726	8717	
21	# of Investigations	156	141	143	155	140	138	151	132	157	159	167	
22	Rate of Investigations per 100 people	1.79	1.62	1.64	1.78	1.61	1.58	1.73	1.51	1.80	1.82	1.92	
23	# of Substantiated Investigations	33	27	33	42	33	39	44	29	42	54	54	
24	Rate of Substantiated Investigations per 100 people	0.38	0.31	0.38	0.48	0.38	0.45	0.50	0.33	0.48	0.62	0.62	
25	Percentage of Investigations Substantiated	21%	19%	23%	27%	24%	28%	29%	22%	27%	34%	32%	



D Protection From Harm/Investigations

Analysis:

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of May, 2013, 167 investigations were completed across the State. Forty-six of these originated in the East Region, fifty-four in the Middle Region, and sixty-seven in the West Region.

Statewide, investigations were opened at a rate of 1.92 investigations per 100 people served, which is a slight increase from 1.82 of the previous month. The West Region opened investigations at a higher rate (2.82 per 100 people served) than did the East and Middle Regions, which opened investigations at a rate of 1.42 and 1.73 investigations per 100 people served, respectively. There was no significant variation in the rate of opened investigations between West Region and the other two regions this reporting period however; West Region continues to open investigations at a higher rate.

Fifty-four, or 32%, of the 167 investigations opened statewide in May, 2013, were substantiated for abuse, neglect, or exploitation. This was a slight decrease (2%) compared to the prior reporting period. The East Region substantiated the lowest percentage of the investigations, (28%), compared to the 35% substantiated in the Middle Region and the 33% substantiated in the West Region. East also had the lowest number of substantiated investigations in the previous reporting month.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was .62 during May, 2013. The West Region substantiated investigations at the highest rate per 100, substantiating .93 investigations per 100 people served. The East Region substantiated investigations at a rate of .40 per 100 people served in its region, and the Middle Region substantiated .61 investigations in its Region. East Region had an increase in the rate of substantiated investigations for May, 2013. East Region showed an increase from .31 to .40.

E Due Process / Freedom of Choice

Data Source:

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

East Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
1 SERVICE REQUESTS												
2 Total Service Requests Received	2329	2650	2180	2398	2270	1992	2361	2302	2345	2417	2457	
3 Total Adverse Actions (Incl. Partial Approvals)	117	120	83	93	94	107	139	92	94	78	80	
4 % of Service Requests Resulting in Adverse Actions	5%	5%	4%	4%	4%	5%	6%	4%	4%	3%	3%	
5 Total Grier denial letters issued	81	89	77	63	67	77	71	60	67	57	53	
6 APPEALS RECEIVED												
7 DELIVERY OF SERVICE												
8 Delay	0	0	0	0	0	0	0	0	0	0	0	
9 Termination	0	0	0	0	0	0	0	1	0	0	0	
10 Reduction	0	0	0	0	0	0	0	0	0	0	0	
11 Suspension	0	0	0	0	0	0	0	0	0	0	0	
12 Total Received	0	0	0	0	0	0	0	1	0	0	0	
13 DENIAL OF SERVICE												
14 Total Received	7	9	6	5	11	6	7	5	5	4	3	
15 Total Grier Appeals Received	7	9	6	5	11	6	7	6	5	4	3	
16 Total Non-Grier Appeals Received	0	1	0	0	0	0	0	2	2	2	3	
17 Total appeals overturned upon reconsideration	0	0	1	0	1	0	2	1	0	0	0	
18 TOTAL HEARINGS	13	12	12	11	9	9	9	8	14	4	4	
19 DIRECTIVES												
20 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
21 Directive due to ALJ Ruling in Recipient's Favor	1	0	1	1	0	1	0	0	1	0	0	
22 Other	0	0	0	0	0	0	1	0	1	1	0	
23 Total Directives Received			1	1	0	1	1	0	2	1	0	
24 Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
25 MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
26 Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$18,691	\$0	\$9,016	\$0	\$0	
27 LATE RESPONSES												
28 Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
29 Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
30 Total Fines Accrued (Estimated)			0	0	0	0	0	0	0	0	0	
31 DEFECTIVE NOTICES												
32 Total Defective Notices Received	1	0	0	0	0	0	0	0	0	0	0	
33 Total Fines Accrued (Estimated)	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
34 *fine amount is based on timely responses												
35 PROVISION OF SERVICES												
36 Delay of Service Notifications Sent (New)	0	0	0	0	0	0	0	0	0	0	0	
37 Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	0	0	0	0	
38 Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
39 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Middle Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
40 SERVICE REQUESTS												
41 Total Service Requests Received	2306	2513	2073	2175	2161	1743	2546	2268	2583	2389	2319	
42 Total Adverse Actions (Incl. Partial Approvals)	89	166	199	221	163	183	83	185	140	111	100	
43 % of Service Requests Resulting in Adverse Actions	4%	7%	10%	10%	8%	11%	3%	8%	5%	5%	4%	
44 Total Grier denial letters issued	91	90	75	102	113	81	65	84	121	73	93	
45 APPEALS RECEIVED												
46 DELIVERY OF SERVICE												
47 Delay	0	1	2	1	0	0	1	1	2	1	1	
48 Termination	0	0	0	0	0	0	0	0	0	0	0	
49 Reduction	0	0	0	0	0	0	0	0	0	0	0	
50 Suspension	0	0	0	0	0	0	0	0	0	0	0	
51 Total Received	0	1	2	1	0	0	1	1	2	1	1	
52 DENIAL OF SERVICE			4									
53 Total Received	9	6	6	6	7	5	3	2	4	3	6	
54 Total Grier Appeals Received	9	7	8	7	7	5	4	3	6	4	7	
55 Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
56 Total appeals overturned upon reconsideration	5	1	1	2	2	3	3	1	1	1	3	
57												
58 TOTAL HEARINGS	7	7	8	5	4	5	7	6	2	4	3	
59 DIRECTIVES												
60 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
61 Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
62 Other	0	1	0	0	0	0	1	0	0	0	0	
63 Total Directives Received	0	1	0	0	0	0	1	0	0	0	0	
64 Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
65 MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
66 Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$6,492	\$0	\$0	\$0	\$0	
67 LATE RESPONSES												
68 Total Late Responses	0	0	1	0	0	0	0	0	0	1	0	
69 Total Days Late	0	0	2	0	0	0	0	0	0	1	0	
70 Total Fines Accrued (Estimated)	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$0	0	100	0	
71 DEFECTIVE NOTICES												
72 Total Defective Notices Received	0	0	0	0	1	1	0	0	0	0	0	
73 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$500	\$500	\$0	\$0	\$0	\$0	\$0	
74 *fine amount is based on timely responses												
75 PROVISION OF SERVICES												
76 Delay of Service Notifications Sent (New)	0	0	0	0	0	0	0	0	0	0	0	
77 Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	0	0	0	0	0	
78 Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
79 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

West Region	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
80 SERVICE REQUESTS												
81 Total Service Requests Received	2311	2627	2552	2445	2399	2024	2081	1978	2183	2334	2918	
82 Total Adverse Actions (Incl. Partial Approvals)	130	118	103	139	111	91	101	112	161	322	212	
83 % of Service Requests Resulting in Adverse Actions	6%	4%	4%	6%	5%	4%	5%	6%	7%	14%	7%	
84 Total Grier denial letters issued	56	67	73	84	54	49	79	76	73	123	128	
85 APPEALS RECEIVED												
86 DELIVERY OF SERVICE												
87 Delay	0	0	0	0	0	0	0	0	0	0	0	
88 Termination	0	0	0	0	0	0	0	0	0	0	0	
89 Reduction	0	0	0	0	0	0	0	0	0	0	0	
90 Suspension	0	0	0	0	0	0	0	0	0	0	0	
91 Total Received	0	0	0	0	0	0	0	0	0	0	0	
92 DENIAL OF SERVICE												
93 Total Received	5	2	0	4	1	1	6	2	3	3	16	
94 Total Grier Appeals Received	5	2	0	4	1	1	6	2	3	3	16	
95 Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0	0	
96 Total appeals overturned upon reconsideration	5	1	0	3	0	1	4	1	1	2	3	
97 TOTAL HEARINGS	0	0	0	0	0	0	0	0	0		0	
										0		
98 DIRECTIVES												
99 Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
100 Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0	0	
101 Other	0	0	0	0	0	0	0	0	0	0	0	
102 Total Directives Received	0	0	0	0	0	0	0	0	0	0	0	
103 Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
104 MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
105 Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
106 LATE RESPONSES												
107 Total Late Responses	0	0	0	0	0	0	0	0	0	0	0	
108 Total Days Late	0	0	0	0	0	0	0	0	0	0	0	
109 Total Fines Accrued (Estimated)	0	0	0	0	0	0	0	0	0	0	0	
110 DEFECTIVE NOTICES												
111 Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0	1	
112 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	
113 *fine amount is based on timely responses			0									
114 PROVISION OF SERVICES												
115 Delay of Service Notifications Sent (New)	0	0	1	0	0	1	1	0	0	1	0	
116 Continuing Delay Issues (Unresolved)	0	1	0	0	0	0	1	2	1	1	1	
117 Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
118 Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

	Statewide	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
119	SERVICE REQUESTS												
120	Total Service Requests Received	6946	7790	6805	7018	6830	5759	6988	6548	7111	7140	7694	
121	Total Adverse Actions (Incl. Partial Approvals)	336	404	385	453	368	381	323	389	395	511	392	
122	% of Service Requests Resulting in Adverse Actions	5%	5%	6%	7%	5%	7%	5%	6%	6%	7%	5%	
123	Total Grier denial letters issued	228	246	225	249	234	207	215	220	261	253	274	
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	0	1	2	1	0	0	1	1	2	1	1	
127	Termination	0	0	0	0	0	0	0	1	0	0	0	
128	Reduction	0	0	0	0	0	0	0	0	0	0	0	
129	Suspension	0	0	0	0	0	0	0	0	0	0	0	
130	Total Received	0	1	2	1	0	0	1	2	2	1	1	
131	DENIAL OF SERVICE												
132	Total Received	21	17	12	15	19	12	16	9	12	10	25	
133	Total Grier Appeals Received	21	18	14	16	19	12	17	11	14	11	26	
134	Total Non-Grier Appeals Received	0	1	0	0	0	0	0	2	2	2	3	
135	Total appeals overturned upon reconsideration	10	2	2	5	3	4	9	3	2	3	6	
136	TOTAL HEARINGS	20	19	20	16	13	14	16	14	16	8	7	
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0	0	
139	Directive due to ALJ Ruling in Recipient's Favor	1	0	1	1	0	1	0	0	1	0	0	
140	Other	0	1	0	0	0	0	2	0	1	1	0	
141	Total Directives Received	0	1	1	1	0	1	2	0	2	1	0	
142	Overturned Directives	0	0	0	0	0	0	0	0	0	0	0	
143	MCC Directives	0	0	0	0	0	0	0	0	0	0	0	
144	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$25,183	\$0	\$9,016	\$0	\$0	
145	Cost Avoidance (Total Month-Estimated)	\$1,889	\$128,334	\$75,319	\$87,661	\$88,472	\$52,794	\$171,154	\$25,359	\$178,991	\$0	\$0	
146	Cost Avoidance (FY 2013-Estimated)	\$1,889	\$130,223	\$211,149	\$298,810	\$387,283	\$440,077	\$611,231	\$636,590	\$815,581	\$815,581	\$815,581	
147	LATE RESPONSES												
148	Total Late Responses	0	0	1	0	0	0	0	0	0	1	0	
149	Total Days Late	0	0	2	0	0	0	0	0	0	1	0	
150	Total Fines Accrued (Estimated)	\$0	\$0	\$200	\$0	\$0	\$0	\$0	0	0	100	0	
151	Total Defective Notices Received	1	0	0	0	1	1	0	0	0	0	1	
152	Total Fines Accrued (Estimated)	\$500	\$0	\$0	\$0	\$500	\$500	\$0	\$0	\$0	\$0	\$500	
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	0	0	1	0	0	1	1	0	0	1	0	
156	Continuing Delay Issues (Unresolved)	0	1	0	0	0	0	1	2	1	1	1	
157	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0	0	
158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Appeals:

The DIDD received 26 appeals in May compared to 11 received in April which is a 57.6% increase in volume compared to the previous month. The basis for this increase is due to the West Region which received 16 appeals for this month. The substantial increase in received appeals is due to some operational changes in Plans Review which resulted in increased denials. The fiscal year average is 15 appeals received per month, which indicates a 73.3 % increase in volume based on this average.

The DIDD received 7694 service requests statewide for the month of May compared to 7140 for the previous month which is an increase of 7.6%. The fiscal average is 6894 service requests received statewide per month which indicates that May experienced an increase in volume of 11.6%.

5% of service plans were denied statewide in May compared to 7% denied in the previous month which is a 2% decrease in denials.

Directives:

No directives were received for this month.

Cost Avoidance:

There was no cost avoidance for this month. Cost avoidance for the fiscal year continues to be **\$815,581.18**.

Delay of Service

There were no new delay of service issues this month.

Sanction/Fines:

Late Responses:

N/A

Defective Notices:

The West region received one defective notice resulting in a fine of \$500.00. The defective notice was due to the denial not being based on individual circumstances and misuse of medical necessity criteria.

F Provider Qualifications / Monitoring (II.H., II.K.)									
Data Source:									
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.									
	Day and Residential Provider	Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	12				52			
2	Total Census of Providers Surveyed	1136				2546			
3	# of Sample Size	131				377			
4	% of Individuals Surveyed	12%				15%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
7	Domain 2: Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	91%	8%	0%	0%	92%	7%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	75%	25%	0%	0%	65%	30%	1%	1%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	58%	41%	0%	0%	65%	25%	9%	0%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	83%	16%	0%	0%	75%	25%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	100%	0%	0%	0%
15	Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	55%	40%	3%	0%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	98%	1%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	72%	9%	18%	0%	69%	16%	6%	8%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	58%	33%	8%	0%	63%	30%	5%	0%
23	Outcome B. The person takes medications as prescribed.	63%	9%	18%	9%	69%	12%	14%	4%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	91%	8%	0%	0%	90%	7%	1%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	88%	11%	0%	0%	93%	6%	0%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	98%	1%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	83%	16%	0%	0%	73%	23%	3%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	66%	25%	8%	0%	61%	36%	1%	0%
	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	66%			33%	59%			40%
38	Outcome C. Provider staff are adequately supported.	66%	33%	0%	0%	78%	17%	3%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	91%	8%	0%	0%	90%	7%	1%	0%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	75%	16%	8%	0%	69%	25%	3%	1%
42	Outcome B. People's personal funds are managed appropriately.	63%	36%	0%	0%	38%	50%	11%	0%

Personal Assistance		Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month					4			
44	Total Census of Providers Surveyed					107			
45	# of Sample Size					19			
46	% of Individuals Surveyed	#DIV/0!				18%			
47	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation									
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.					100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.					75%	25%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					50%	50%	0%	0%
51	Domain 3: Safety and Security								
52	Domain 3: Safety and Security					100%	0%	0%	0%
53	Outcome A. Where the person lives and works is safe.					50%	50%	0%	0%
54	Outcome B. The person has a sanitary and comfortable living arrangement.								
55	Outcome C. Safeguards are in place to protect the person from harm.					100%	0%	0%	0%
56	Domain 4: Rights, Respect and Dignity					100%	0%	0%	0%
57	Outcome A. The person is valued, respected and treated with dignity.								
58	Outcome C. The person exercises his or her rights.								
59	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
60	Domain 5: Health					100%	0%	0%	0%
61	Outcome A. The person has the best possible health.					100%	0%	0%	0%
62	Outcome B. The person takes medications as prescribed.								
63	Outcome C. The person's dietary and nutritional needs are adequately met.					100%	0%	0%	0%
64	Domain 6: Choice and Decision-Making					100%	0%	0%	0%
65	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
66	Outcome B. The person and family members have information and support to make choices about their lives.					100%	0%	0%	0%
67	Domain 7: Relationships and Community Membership					75%	25%	0%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					75%			25%
69	Outcome C. Provider staff are adequately supported.					50%	50%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.					100%	0%	0%	0%
71	Domain 10: Administrative Authority and Financial Accountability								
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					75%	25%	0%	0%

I Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers		Statewide				Cumulative / Statewide			
73	# of ISC Providers Monitored this Month								
74	Total Census of Providers Surveyed								
75	# of Sample Size								
76	% of Individuals Surveyed								
77	# of Additional Focused Files Reviewed								
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
82	Outcome B. Services and supports are provided according to the person's plan.								
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.								
86	Outcome B. The person has a sanitary and comfortable living arrangement.								
87	Outcome C. Safeguards are in place are in place to protect the person from harm.								
88	Domain 9: Provider Capabilities and Qualifications								
89	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
90	Outcome B. Provider staff are trained and meet job specific qualifications.								
91	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
92	Outcome C. Provider Staff are adequately supported.								
93	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
94	Domain 10: Administrative Authority and Financial Accountability								
95	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

I Provider Qualifications / Monitoring (II.H., II.K.)									
Clinical Providers- Behavioral		Statewide				Cumulative / Statewide			
96	# of Clinical Providers Monitored for the month	1				11			
97	Total Census of Providers Surveyed	15				603			
98	# of Sample Size	4				67			
99	% of Individuals Surveyed	27%				11%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
101	Domain 2: Individual Planning and Implementation								
	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	63%	36%	0%	0%
102	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	90%	9%	0%	0%
103	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	63%	36%	0%	0%
104									
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	63%	36%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
109	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	0%	100%	0%	0%	70%	20%	0%	10%
110									
111	Domain 6: Choice and Decision-Making								
	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
112									
113	Domain 9: Provider Capabilities and Qualifications								
	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	54%	45%	0%	0%
114	Outcome B. Provider staff are trained and meet job specific qualifications.					50%	50%	0%	0%
115	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					50%			50%
116	Outcome C. Provider staff are adequately supported.					83%	16%	0%	0%
117	Domain 10: Administrative Authority and Financial Accountability								
118	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%
119									

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
120	# of Clinical Providers Monitored for the month					3			
121	Total Census of Providers Surveyed					25			
122	# of Sample Size					9			
123	% of Individuals Surveyed					36%			
124	# of Additional Focused Files Reviewed					0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					33%	33%	33%	0%
127	Outcome B. Services and supports are provided according to the person's plan.					33%	66%	0%	0%
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					33%	0%	0%	66%
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.					66%	33%	0%	0%
131	Outcome C. Safeguards are in place to protect the person from harm.					0%	66%	0%	33%
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					66%	33%	0%	0%
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.					33%	33%	0%	33%
137	Outcome B. The person takes medications as prescribed.					0%	66%	33%	0%
138	Outcome C. The person's dietary and nutritional needs are adequately met.					66%	0%	0%	33%
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					33%	0%	33%	33%
143	Outcome B. Provider staff are trained and meet job specific qualifications.					0%	33%	66%	0%
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					0%			100%
145	Outcome C. Provider staff are adequately supported.					33%	0%	33%	33%
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					33%	66%	0%	0%

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month					6			
149	Total Census of Providers Surveyed					611			
150	# of Sample Size					46			
151	% of Individuals Surveyed	#DIV/0!				8%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.					50%	50%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.					50%	33%	16%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.					50%	16%	33%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.					66%	33%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.					50%	50%	0%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.					100%	0%	0%	0%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.					100%	0%	0%	0%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.					83%	16%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.					66%	33%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					50%			50%
169	Outcome C. Provider staff are adequately supported.					83%	16%	0%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.					50%	50%	0%	0%

QA Summary for QM Report (thru 5/13 data)

Performance Overview- Calendar Year 2013 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	37%	35%	50%	%	63%	%	33%
Proficient	34%	40%	25%	%	19%	%	17%
Fair	25%	23%	25%	%	18%	33%	50%
Significant Concerns	3%	2%	0%	%	0%	33%	0%
Serious Deficiencies	1%	0%	0%	%	0%	33%	0%
Total # of Providers	76	52	4		11	3	6

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers Reviewed East- Community Health Developmental Center, Knox County ARC, Orange Grove Center; Middle- BIOS of Tennessee, D & S Residential Services, Elidee, Guardian Community Living, Hats, Pacesetters; West- Behavioral Services of Tennessee, Omni Visions, West Tennessee Family Solutions.

East Region:

Orange Grove Center- The 2013 QA survey resulted in the agency receiving a score of 48. This places them in the Proficient range of performance. Compared to their last Quality Assurance survey results (48-Proficient), this is the same score and performance range as their 2012 survey results. The provider increased compliance within Domains 2 and 10 (PC for both Domains in 2012 to SC in 2013), while dropping in compliance ratings for Domains 3 and 9 (SC in 2012 to PC in 2013). The provider maintained PC in Domain 5 across both surveys. Personal funds reviewed at OGC: A total of 6 accounts were reviewed, and 3 were not considered to be fully accounted for due to some calculation errors and a few missing receipts.

Community Health Developmental Center- The 2013 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared to their 2011 Quality Assurance survey results (54-Exceptional), this is a 2 point decrease in compliance and a change in performance range (Exceptional 2011 to Proficient-2013). The decrease in compliance corresponds to issues identified within Domain 9 (PC) during the 2013 QA survey.

Personal funds reviewed at CHDC: A total of 3 accounts were reviewed, and 2 were considered to be fully accounted for with no financial issues noted. In the remaining case, supplies for one person were split between housemates on one occasion.

Knox County ARC- The 2013 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. This is the same score they received on their survey in 2011; however, the range of performance increased from Proficient to Exceptional due to the provider receiving a SC for Domain 5 in 2013, rather than a PC as they did in 2011. It should be noted that the agency dropped a level of compliance within Domain 10 (SC-2011 to PC in 2013).

Personal funds reviewed at KCARC: A total of 3 accounts were reviewed, and 2 were considered to be fully accounted for with no financial issues noted. In the remaining case, a small amount of Christmas petty cash was not located (\$1.72).

Middle Region:

HATS- Day/Res, PA: Scored a 44 on the QA survey which falls within the Fair category of the Provider Performance rating. No Domains scored less than Partial Compliance. Criminal Background and Registry checks were completed timely with a 100% compliance rating for 32 new employees. New employee training was completed timely with a compliance rating of 96.4% or above for all modules. Tenured staff training was 95% compliant or above for the 20 staff reviewed. Rebilling issues were identified for five individuals due to the agency billing for times when the person was not present or billing for the wrong day service. A rate adjustment was identified for one person due to not having awake staff on the weekend shifts for Res Hab Level 3 services. No Personal Funds issues were identified for the 5 individuals reviewed during the survey process.

Guardian- Day/Res, Med-Res, Nursing, SLP, OT, PT, O & M: Scored a 46 on the QA survey which falls within the Fair category of the Provider Performance rating. No Domains scored less than Partial Compliance. Criminal Background checks were 95.6% and Registry checks were 93.3% compliant for the 45 new employees. New employee training was 90.7% compliant or above for all training modules. Tenured staff training was 95% for CPR and First Aid for the 20 employees reviewed. Medication Administration training for tenured employees was 84.2% compliant. Three DSPs administered medication with a lapsed certification. The agency identified the issue with their internal quality assurance process and resolved it prior to the survey. Small personal funds management issues were found for 1 of 4 individuals reviewed due to one missing receipt.

BIOS- Day/Res, PA: Scored a 42 on the QA survey which falls within the Fair category of the Provider Performance rating. Domain 5 scored Minimal Compliance due to issues regarding physical examinations not completed timely, tardive dyskinesia screenings not completed, numerous follow-up and specialty consultations were not completed timely and no evidence of information submitted to the prescribing practitioner of psychotropic medications. Medication Administration issues identified included medications not given as ordered, not available in the home, new orders not implemented in a timely manner and medications omitted on the MARs. There was no self-administration plan in place for one individual. Documentation of blood glucose checks and insulin were inconsistently maintained. Medication Variances were not available for the majority of the errors noted. Maintenance of the MARs continues to be an issue. PRN medications did not have results of administration, not utilizing the legend, medications appearing twice on the MAR with both being initialed as administered and alterations to the MARs without explanation. Criminal Background checks were 94.4%, the Abuse Registry check was 91.7%, and the Sexual and Felony Offender Registry checks were 97.2% compliant for the 36 new employees. New employee training was 97.1% compliant or above for all training modules. Tenured staff training was 100% for all modules for 21 employees reviewed. Billing issues were noted for 4 of 5 individuals reviewed regarding billing for the wrong service, billing when absent, billing for SL-6 Individual without 2 staff in the home and 2 staff not available for a portion of time for SL-4 services. Small personal funds management issues were found for 2 of 4 individuals reviewed due to late fees and missing receipts.

Elidee- Day, PA: Scored a 52 on the QA survey which falls within the Exceptional category of the Provider Performance rating. No Domains scored less than Partial Compliance. No new employees were hired during the past year. Tenured training was 50% for CPR and First Aid for 1 of 2 staff reviewed.

Middle Region:

Pacesetters- Day/Res, Med-Res, PA, Family Model: Scored a 54 on the QA survey which falls within the Exceptional category of the Provider Performance rating. No Domains scored less than Substantial Compliance. Criminal Background checks were 97.5% and Registry checks were 92.4% for the 91 new employees. New employee training had a compliance rating of 96% or above for all modules. Tenured training was 94.7% or above for the 19 employees reviewed. Small billing issues were noted for two people in the sample and rebilling occurred during the survey process. Small personal funds management issues were noted for 2 of 8 individuals reviewed due to missing receipts.

D & S Residential- Day/Res, PA, Nursing: Scored a 54 on the QA survey which falls within the Exceptional category of the Provider Performance rating. No Domains scored less than Substantial Compliance. Criminal Background checks were 94.4% and Registry checks were 91.7% for the 36 new employees. New employee training had a compliance rating of 94.3% or above for all modules. Tenured training was N/A. No personal funds management issues were noted for 3 of 3 individuals reviewed.

West Region:

West TN Family Solutions – Day/Residential provider scored 54 of 54/Exceptional Performance on the QA survey exited June 12, 2013; the only Indicators scored “No” were 5A5 (documentation of RN delegation not evident until 2013) and 9C2 (frequency of unannounced supervisory visits). The survey score is the same as the 2011 survey; agency was a 3* provider in 2012. Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period. QP items reviewed scored greater than 85% for the 46 new/clinical staff. Training reviewed for these new/clinical staff and for a sample of 20 tenured staff also scored greater than 85%. A review of personal funds revealed no concerns; no billing issues were identified for the review months for the eight people in the core sample.

Behavioral Services of TN – Day/Residential provider scored 54 of 54/Exceptional Performance on the QA survey exited June 17, 2013; the only Indicator scored “No” was 2D6 (BSAR errors and omissions). Survey score reflects a two point increase since the 2012 survey. Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period. QP items reviewed scored greater than 85% for the 72 new/clinical staff. Training reviewed for these new/clinical staff and for a sample of 20 tenured staff scored greater than 85%. A review of personal funds revealed no concerns; two people are due back a small amount for one missing receipt each. No billing issues were identified for the review months for the six people in the core sample.

Omni Visions – Day/Residential provider scored 48 of 54/Proficient on the QA survey exited 6/27/13; no Domain or Outcome scored less than PC; the agency's score and overall rating are the same as last year though areas of improvement were noted. Licenses for services reviewed and clinical staff credentials/approvals were present and current throughout the review period. QP items reviewed scored greater than 85% for the 70 new/clinical staff. Training reviewed for these new/clinical staff scored greater than 85% in all but 4 modules; training reviewed for a sample of 20 tenured staff reflected late recertifications in First Aid and CPR for numerous staff. A sanction warning for new staff training was sent 7/3/13. A review of personal funds revealed issues for five of eight people reviews who are due reimbursement for missing statements, late fees, a lack of documentation for life insurance and a collection fee. No billing issues were identified for the review months for five people in the core sample.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Personal Assistance:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

ISC Providers:

No reviews.

Clinical Providers: Behavioral-Nursing-Therapies**Behavioral Providers:**

East- no reviews; Middle- no reviews; West- Yvonne Randolph

West Region:

Yvonne Savov Randolph – Independent Behavior provider scored 32 of 36/Proficient on the QA survey exited June 6, 2013; no Domain or Outcome scored less than PC. Score is a 2 point decrease from last survey due to late Behavior Support and Human Rights Committee approvals of a behavior support plan containing restricted interventions.

No license is required for the service reviewed; DIDD approval of the Behavior Analyst was evident. As an independent, tenured Behavior Analyst, no personnel or training items were applicable.

No billing issues were identified for the four people in the sample.

Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Nursing Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

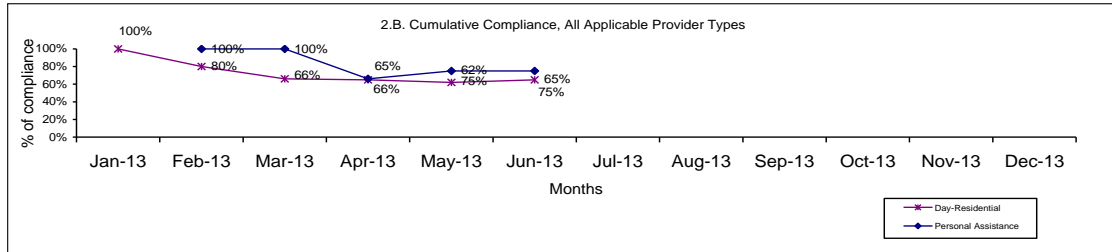
Follow-up on actions taken from previous reporting period:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

Special Reviews

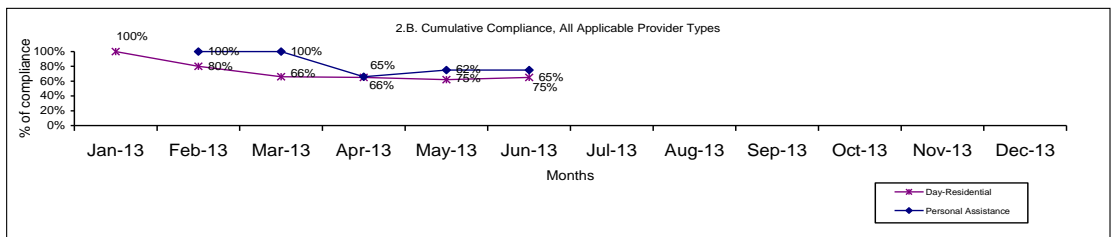
Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

Provider Type	% of Providers in Compliance
Day-Residential	75%
Personal Assistance	N/A



Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

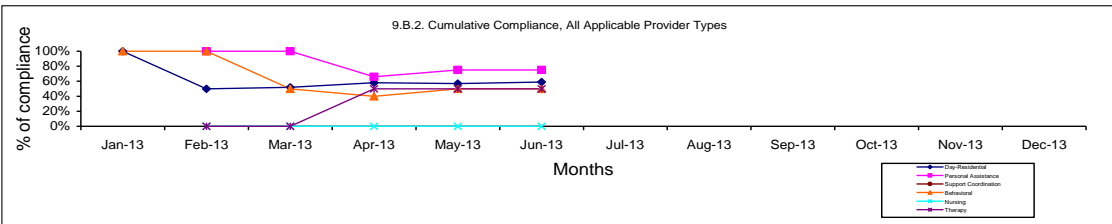
Provider Type	% of Providers in Compliance
Day-Residential	58%
Personal Assistance	N/A



Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	66%
Personal Assistance	N/A
Support Coordination	N/A
Behavioral	N/A
Nursing	N/A
Therapy	N/A



F Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
	# of Individual Personal Funds												
1	Accounts Reviewed			7	9	14	12						
	# of Individual Personal Funds												
2	Accounts Fully Accounted For			7	8	4	7						
	# of Personal Funds Accounts												
3	Found Deficient			0	1	10	5						
	% of Personal Funds Fully												
4	Accounted for			100%	89%	29%	58%						
	% of Personal Funds Found												
5	Deficient			0%	11%	71%	42%						

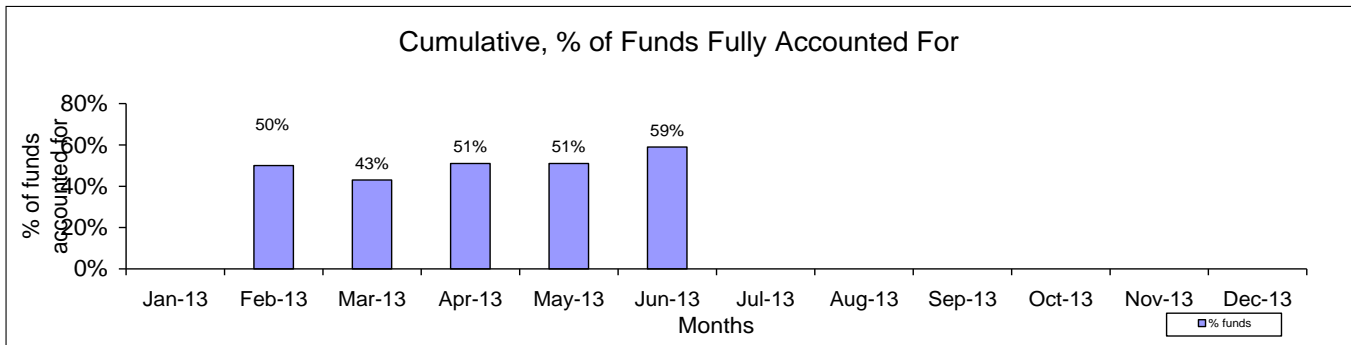
	Personal Funds - Middle	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
	# of Individual Personal Funds												
6	Accounts Reviewed		14	13	21	21	25						
	# of Individual Personal Funds												
7	Accounts Fully Accounted For		3	1	12	14	19						
	# of Personal Funds Accounts												
8	Found Deficient		11	12	9	7	6						
	% of Personal Funds Fully												
9	Accounted for		21%	8%	57%	67%	76%						
	% of Personal Funds Found												
10	Deficient		79%	92%	43%	33%	24%						

	Personal Funds - West	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
	# of Individual Personal Funds												
11	Accounts Reviewed		8	16	5	8	19						
	# of Individual Personal Funds												
12	Accounts Fully Accounted For		8	6	2	4	19						
	# of Personal Funds Accounts												
13	Found Deficient		0	10	3	4	0						
	% of Personal Funds Fully												
14	Accounted for		100%	38%	40%	50%	100%						
	% of Personal Funds Found												
15	Deficient		0%	63%	60%	50%	0%						

	Personal Funds - Statewide	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
	# of Individual Personal Funds												
16	Accounts Reviewed		22	36	35	43	56						
	# of Individual Personal Funds												
17	Accounts Fully Accounted For		11	14	22	22	45						
	# of Personal Funds Accounts												
18	Found Deficient		11	22	13	21	11						
	% of Personal Funds Fully												
19	Accounted for		50%	39%	63%	51%	80%						
	% of Personal Funds Found												
20	Deficient		50%	61%	37%	49%	20%						

	Cumulative Funds Data	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
	# of Individual Personal Funds												
21	Accounts Reviewed		22	58	93	136	192						
	# of Individual Personal Funds												
22	Accounts Fully Accounted For		11	25	47	69	114						
	# of Personal Funds Accounts												
23	Found Deficient		11	33	46	67	78						
	% Funds Accounted for,												
24	Cumulatively		50%	43%	51%	51%	59%						
	% Funds Deficient, Cumulatively												
25			50%	57%	49%	49%	41%						

Region	% of Personal Funds Fully Accounted For
East	58%
Middle	76%
West	100%
Statewide	80%



Analysis:

The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.

See references under provider summaries above.

Follow-up action taken from previous reporting periods:

The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.